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Application No. (if known): 10/575,431

Attorney Docket No.: 65325(70904)

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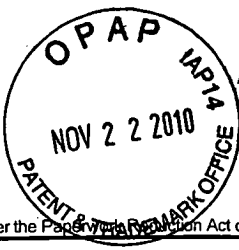
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Fee Transmittal (2 pages)
Transmittal (1 page)
Amendment (17 pages)
Two-Month Extension of Time Request (2 pages)
English Priority Document (61 pages)
Verification of Translation (1 page)
Return Receipt Postcard
Charge \$490.00 to deposit account 04-1105

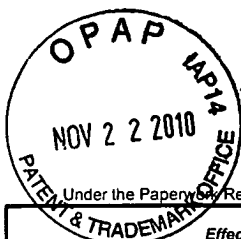


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/575,431-Conf. #2093
	Filing Date	April 10, 2006
	First Named Inventor	Jiro Kiyama
	Art Unit	2621
	Examiner Name	Harvey, David E.
Total Number of Pages in This Submission	Attorney Docket Number	65325(70904)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Verified English Translation of Priority Document(s) (61 pages) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Verification of Translation (1 page) Certificate of Express Mailing (1 page) Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	David A. Tucker		
Date	November 22, 2010	Reg. No.	27,840



FEE TRANSMITTAL For FY 2009		Complete if Known		
		Application Number	10/575,431-Conf. #2093	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 10, 2006	
		First Named Inventor	Jiro Kiyama	
		Examiner Name	Harvey, David E.	
		Art Unit	2621	
TOTAL AMOUNT OF PAYMENT	(\$)	490.00	Attorney Docket No.	65325(70904)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP	x	=		Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
- 4 or HP	x	=		
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

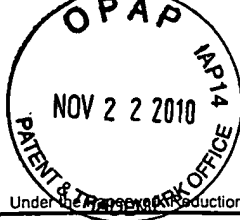
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>1252 Extension for response within second month</u>	<u>490.00</u>

SUBMITTED BY			
Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	November 22, 2010



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known			
		Application Number	10/575,431-Conf. #2093		
		Filing Date	April 10, 2006		
		First Named Inventor	Jiro Kiyama		
		Examiner Name	Harvey, David E.		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2621		
TOTAL AMOUNT OF PAYMENT		(\$)	490.00	Attorney Docket No.	65325(70904)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	490.00

SUBMITTED BY			
Signature	<i>David A. Tucker</i>	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	November 22, 2010